



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

ASSISTANT EMS INSTRUCTOR – RENEWAL APPLICATION

All information MUST be included. Incomplete applications WILL NOT be processed.
PLEASE PRINT LEGIBLY AND USE BLACK OR BLUE INK

Please complete the following information

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL
HOME ADDRESS				P.O. BOX
CITY	STATE	ZIP CODE		OHIO EMT CERTIFICATE #
HOME PHONE () -		WORK PHONE () -		COUNTY OF RESIDENCE
E-MAIL ADDRESS		<input type="checkbox"/> R.N. <input type="checkbox"/> Physician Assistant		LICENSE #
EMPLOYING EDUCATIONAL INSTITUTION				
SOCIAL SECURITY #			Disclosure of social security # is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements	
1. Do you continue to meet all standards for a certificate to teach as an Assistant EMS Instructor, as set forth in Chapter 4765-18 of the Ohio Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Are you in compliance with rule 4765-8-01 (A)(6) to (12) of the Ohio Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. During the preceding two years, have you attended all mandatory instructor meetings held by the State Board of EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. During the preceding two (2) years, have you provided not less than sixteen (16) hours of instruction of an EMS training or continuing education program offered by an accredited or approved institution? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. During the preceding two (2) years, have you completed six (6) hours of instructional continuing education related to the objectives approved by the board? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation), or a judicial finding of eligibility for treatment in lieu of conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Has your EMS certificate to practice or certificate to teach, in this or any other state, ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to questions 6 or 7 above, you must complete the second page of this form.				

I attest that all information provided is true and accurate to the best of my knowledge and I understand that a false statement on this application constitutes falsification under Section 2921.13 of the Ohio Revised Code and is a misdemeanor of the first degree and may also be grounds for denial, suspension or revocation of my certificate to teach. I further attest that I satisfy the requirements for a certificate to teach at the level sought in this application as set forth in 4765.23 of the Ohio Revised Code and Chapter 4765-18 of the Ohio Administrative Code and I am solely responsible for my certificate to teach. I understand that I must maintain records relating to the renewal requirements for this certificate and that such records are subject to audit by the State Board of EMS. I hereby give permission to the Division of Emergency Medical Services to verify any of the above information.

APPLICANT'S SIGNATURE X	DATE
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Criminal History Information

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	LEVEL OF CONVICTION MISDEMEANOR/FELONY	ARRESTING POLICE AGENCY

- I. If you have been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for any felony, a misdemeanor committed in the course of practice, misdemeanor involving moral turpitude, a violation of any federal, state, county, or municipal narcotics or controlled substance law since your last or renewal/initial application, you shall provide the Division of Emergency Medical Services (EMS) with the following:
1. **A civilian background check from the Bureau of Criminal Identifications & Investigations (BCI&I)**
 2. **Certified copy of the police or law enforcement agency report, if applicable.**
 3. **Certified copy of the judgment entry from the court in which the conviction occurred.**

II. If you have previously disclosed any of the above information to the Division of EMS, please explain below to include, when you submitted to the Division of EMS the information included in item numbered (I) and disposition taken by the State Board of Emergency Medical Services:

III. Please provide an explanation for the suspension or revocation of your certificate to practice, or certificate to teach, and the date the action was taken:

EMS Applicants

I affirm that I have not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, any other felony or misdemeanor other than the one(s) disclosed herein. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application constitutes falsification under Section 2921.13 of the Ohio Revised Code and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate to practice as determined by the State Board of EMS. I am solely responsible for my certificate to practice. I hereby give permission to the Division of Emergency Medical Services to verify any of the above information.

APPLICANT'S SIGNATURE X	DATE
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Return To:
 Ohio Department of Public Safety
 Emergency Medical Services
 1970 West Broad Street
 P.O. Box 182073
 Columbus, OH 43218-2073
 Phone: (800) 233-0785 or (614) 466-9447
 Fax: (614) 995-7012 or (614) 466-9461